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CLINICAL LECTURE.

NERVOUS DYSPEPSIA.—CHRONIC
DYSENTERY.—MOIST GANGRENE.
—FACIAL PARALYSIS.¹

BY DR. ROBERT COLTMAN, JR.,
TUNG CHOW FU, CHINA.

Nervous Dyspepsia.

This man, 51 years old, is a physician who is practicing, without a diploma, a mixed system, embracing the humbugs of native origin and to some extent the science of Western medicine. His history is as follows. He has always lived a temperate life, has never been seriously ill, and has never had syphilis. Last August, during the cholera epidemic, he had a great run of cases, including his wife. Many of the patients died, and his wife, after an illness of three days, also perished. To loss of sleep, fright and grief, he attributes his present trouble. He is tall, slender and looks anemic. He says he sleeps poorly, and that his appetite is capricious and usually poor. His bowels are regular, but the stools are dry and somewhat scanty. He has a cough without expectoration. His tongue is large, thick and moist, but heavily coated with a whitish yellow fur. His pulse is irregular and intermits, losing on an average four beats per minute—that is to say, it drops out completely four beats. He tells us he has doctored himself for three months, and has got steadily worse, and now feels himself physically and mentally a wreck. He has taken quinine, muriatic acid, capsicum, castor oil, cod-liver oil, pepsin, pyrophosphate of iron, and any number of native drugs, and says he never felt any decided effect except when taking the cod-liver oil, which

made him decidedly worse. His lungs are sound, and his heart, although intermittent in action, is also free from disease.

Now what is the matter? and what can we do for him? I reply he has nervous dyspepsia; and, as it is a recent case, we can probably effect a cure. First we want to disabuse the doctor of the idea he has, that his heart is badly diseased and that he is going to die. This we can do with such emphasis that he will readily believe us. Then as to medicines: we shall direct him to take a pill made up as follows:

| | |
|------------------------------|--------|
| R Ext. nuc. vom | gr. ¼ |
| Aloes | gr. 1 |
| Myrrh | gr. ss |
| Ferri sulph. exsicc. | gr. ss |
| Pulv. podophylli | gr. ½ |
| Saponis | gr. ss |
| M. ft. pil. 1. | |

To be taken after breakfast and supper. He will also be given a powder containing pulv. digitalis and pulv. quiniæ sulp., aa gr. 1, three times daily.

Chronic Dysentery.

The second patient is a man 54 years old, a farmer. This case also dates from August last. At that time the patient had a sharp attack of dysentery which was treated by native physicians; and although the violence of the disease abated, he has to this day some symptoms unrelieved. He says he gets along very well through the daytime, but invariably has to have from three to four stools at night, with more or less straining. Sometimes he passes a little blood and mucus with watery feces, and sometimes only mucus. He lives on hard bread, cabbage and millet. His diet is a matter of the greatest importance, for two reasons: First, he is nearly exhausted and cannot much longer sustain this tax on his strength on a vegetable diet; Second, his present diet is directly irritating to the intestinal tract, besides being difficult of digestion. We

¹ Delivered at the Presbyterian Hospital at Tung Chow Fu.

shall direct him to live exclusively on soft boiled rice, eggs—raw or under done—and broiled steak. He is to take a tonic containing a fluid drachm each of compound tincture of cinchona, compound tincture of gentian and tincture of cardamom, in a little water before each meal, and at bedtime a pill containing pulv. opii, gr. iss, and pulv. plumbi acet., gr. ij. Under this treatment we may hope for his restoration to health.

Moist Gangrene.

The next patient is a man 60 years old, a laborer. This poor fellow is in a pitiable plight, and I fear we can do very little for him. He is barely able to answer our questions; his mind seems benumbed, and it takes him some time to realize what we have asked him. The whole dorsal surface of his right foot is about to slough off, and the leg to the knee is infiltrated and swollen. He says four days ago the foot began to pain, and in that time it has reached this condition. I have seen but one or two cases of this nature, but feel sure that it is of the same nature as noma or rapid gangrene of the mouth or cheek. This man has been out of work for some time and starving; his blood has become so degenerate that now I fear the best tonics and alteratives will do him no good. The condition of his mind augurs ill, and I fear that in two or three days at furthest he will have passed away. His pulse is 60, his tongue pale and but slightly coated, but tremulous. He has no dropsy. He has no appetite. His temperature is sub-normal. Although this man walked in here with difficulty, and will be able to walk out, I regard him as in a dying condition, and shall have him placed in the wards. We will give him what seems to be indicated, namely, whiskey, quinine, eggs and beef juice; but the end is not far off.

It is only among the poorest class that such a disease is possible. It may be that syphilis has something to do in starting the ulceration, as it resembles phagedenic action more than anything else I have knowledge of. Amputation would be impossible in his condition. Locally we shall apply a poultice of flaxseed meal sprinkled with iodoform, partly as an antiseptic but principally to cover the odor which is penetrating in the extreme.

Facial Paralysis.

This man, 26 years old, is a school teacher. He comes to us for the second

time, saying that he is much better than when he first consulted us some six days ago. At that time, although he strenuously denied that he had syphilis, I diagnosticated his case as facial paralysis due to gumma somewhere along the course of the facial nerve. He had gone to sleep at night apparently healthy, though he had been having more or less headache for a month previously, and awoke in the morning with his mouth all drawn to one side, and with dropping of the eyelid. He consulted us at once, and his rapid improvement is due to the fact that he was seen and treated early. If these cases are left to themselves they seldom manifest a tendency to improve, but go from bad to worse until finally imbecility and death ensues; but, if treated early and vigorously, the prognosis is very favorable, most of the cases making a complete recovery. It is important in these cases to mercurialize the system as rapidly as possible, and to maintain the impression for several weeks, after which the mercury should be exhibited in minute doses intermittently for a year or so. If the stomach is weak or irritable, I use inunction of blue ointment twice daily; but where—as in this case—the man is strong and has a good stomach digestion, I prefer to administer mercury by the mouth. This man has been taking one-eighth grain of corrosive sublimate and ten grains of iodide of potash three times daily. We will now decrease the corrosive sublimate to one-tenth grain per dose and renew his medicine for six days.

I remember a rule of practice taught me in college, which was: In all cases of facial paralysis occurring in a subject under thirty years of age to suspect syphilis. In ten years' practice I have yet to see an exception to this rule for diagnosis.

DANGERS OF ILLUMINATING GAS.—It has been shown that respiration of the products of the combustion of an Argand burner produces upon animals only deoxygenation, because in this case combustion is complete. It produces only carbonic acid, and not carbonic mon-oxide. If, on the contrary, the combustion of the burner is incomplete, it gives birth to acetylene and a larger quantity of carbonic mon-oxide. Intoxication is rapid in this case. It results from these experiments that it is necessary to remove the products of combustion from ordinary gas burners as well as from gas stoves.

COMMUNICATIONS.

PEROXIDE OF HYDROGEN FOR
CLEANING THE HANDS.

BY CHARLES P. NOBLE, M. D.,
SURGEON IN CHARGE OF THE KENSINGTON HOSPITAL
FOR WOMEN, PHILADELPHIA.

The remarkable properties of the peroxide of hydrogen as a pus destroyer and as a cleansing agent are becoming better appreciated every day. Every one who uses this agent in the treatment of suppuration becomes enthusiastic in its praises. This being true, time only is required to overcome the prejudice against it which heretofore has existed among the profession as a whole.

I wish at this time to call attention to the use of the peroxide in cleansing the hands. It is a demonstrated fact that it is impossible to render the hands surgically clean, that is, free from septic germs, by the use of soap and water, the nail-brush and corrosive sublimate solutions. Germs still remain under and about the finger nails. It seems more than probable, although I know of no experiments to support the supposition, that germs will find the most secure hiding-place about the finger nails, when the skin has been made rough and thick about the nails, by excessive use of the hands, or by their frequent exposure to irritating fluids, as corrosive sublimate solution. For some months, in preparing for abdominal sections, I have used the peroxide of hydrogen solution in full strength, to assist in cleaning my hands, especially about the finger tips and nails, whenever, for any reason, I have felt doubtful about their aseptic condition. The peroxide has been used whenever the skin about the nails has not been in good condition; and it is remarkable to see how it will soften horny skin at the side of the nail, and disintegrate *débris* in the subungual space, or macerate and even remove epidermic scales. There can be no doubt that foreign material can be removed from the fingers much more completely by using the peroxide solution after using soap and water and the nail brush, than by the use of these agents alone. This certainly does *promote* asepsis. But whether the hands are made aseptic by the peroxide solution I have not been able to determine. Careful bacteriological experiments to determine this question will be of great practical interest and value.

The method which I employ for render-

ing the hands aseptic is as follows: The nails are trimmed reasonably short, and the subungual spaces are cleared with the knife blade. The hands and forearms are then thoroughly washed in warm water, a good lather being made with soap, and a stiff nail brush being vigorously applied. The water is renewed three times. The hands are next soaked in a saturated solution of permanganate of potassium, and this removed by soaking them in a saturated solution of oxalic acid. According to circumstances, the finger tips are next soaked in peroxide of hydrogen, for the final bath corrosive sublimate solution 1-1,000 is employed. The hands remain in the sublimate solution three minutes. At least ten, and often fifteen minutes are consumed in the cleansing process.

To those who are accustomed to wash the hands quickly, use the nail brush lightly, and to *dip* the hands in the sublimate solution, such elaborate and painstaking care doubtless appears like a useless expenditure of energy. But bacteriological experiments have shown that germs exist about the nails of fingers cleaned in this careful manner (omitting the peroxide solution) and have demonstrated the necessity for some more reliable method of rendering the hands aseptic, if the antiseptic conscience is to be satisfied. It is with the hope that the peroxide of hydrogen solution will meet this demand that I have brought the matter forward.

Aside from using the peroxide solution in preparing the hands for abdominal operations, I have found it perfectly reliable in removing foul odors and stains from the hands, by contact with decomposing pus, discharges from cancer, and other septic fluids. I believe it will be equally useful to the general surgeon and obstetrician.

MEDICAL COLLEGES OF VERMONT.
—BOGUS AND GENUINE.

BY JOHN M. CURRIER, M. D.,
NEWPORT, VERMONT.

Just now we are having quite an epidemic of bogus medical colleges in some of the smaller towns of Vermont. Some of these were unknown to the medical profession of Vermont until the Censors of the Vermont Medical Society received letters from the Censors of some of the medical societies of the Western States, inquiring about the standing

of these institutions. The graduates of these institutions settled in the far West, thinking they would never be molested; but now and then they are required to present their credentials to some State Board of Censors, and are thus shown to be possessors of bogus diplomas, and frauds upon the public, and their standing as to medical knowledge and proficiency is brought to light.

For the fair name of the medical profession of Vermont I propose to give a short history of the various medical colleges of the State, both bogus and regular, those that have existed and those now in operation. This history may be of service to practitioners, living in the far West, who are striving to elevate the standard of medical education, and to protect the public from the impositions of uneducated practitioners and charlatans.

Of the four bogus institutions that have actually issued diplomas, only one makes any pretence to delivering lectures or possess any building or room suitable for imparting instruction to a class of medical students. The citizens of those towns in which these institutions purport to be located were not aware of the existence of them until they were exposed by the secular newspapers. Even the members of the regular profession, living in the immediate vicinity, were unaware of their existence. They seem to be carried on by one leading spirit in each case, clustering around him names enough for a Faculty and Board of Trustees. In the majority of instances these names were obtained on some pretence, to act as trustees or officers, without knowing that they were to be connected with a bogus medical college, while the Dean of the faculty was gathering in the profits from the sale of diplomas. Some of these institutions have been exposed by the secular press, when the greater portion of the faculty and trustees learned for the first time that they were at the head of a learned institution; and credit is due to many of them, for immediately appearing in a letter of explanation, disapproving the institutions with which they were unwillingly connected.

I will mention first the four bogus colleges, then the three regular institutions that have been chartered by the Legislature.

UNION MEDICAL INSTITUTE.

In the *Argus and Patriot*, of Montpelier, under date of November 19, 1890, ap-

pears an article quoting from the *Boston Herald* an exposure of "The Union Medical College" of Newbury, Vt. It also adds some comments of its own. The report states that at the session of the Legislature of 1886 a bill was passed by the House incorporating a Homœopathic medical college to be located on the east side of the State; but it was killed in the Senate. Dr. George B. Hatch was said to be prime mover in the scheme. The proposed college failed to obtain legislative sanction, but the scheme was not abandoned by Dr. Hatch, who seems to have determined to do business on his own account, regardless of the State.

Recently, however, a reporter of the *Boston Herald* got hold of what purported to be a catalogue of "The Union Medical College, of Newbury, Vt." This pamphlet was about 4 by 6 inches in size, contained some 16 pages, and was printed by C. E. Caswell, a 17-year-old amateur printer at Warren Summit, N. H., a hamlet of perhaps a dozen houses. Caswell says he printed 300 for \$7, but has only received \$5 of his pay, although the books were delivered in June, 1889. He says that Hatch, for whom the work was done, suggested that nothing be said about the job. The cover bears the name of the alleged college, as given above. The second page contains the list of Trustees, Officers and Faculty.

The President of the Board of Trustees is Horace W. Bailey, a grocer and Town Clerk of Newbury, a man of good reputation and good business ability, but with none of the requisites usually thought indispensable in the President of a medical college.

The *Daily Journal* of Montpelier, under date of November 7, 1890, makes further allusion to the matter as follows: The leading spirit in the college is Dr. George B. Hatch. There is no doubt that several of the men whose names are used were deceived as to the nature of the college, for they stand high in their respective communities. The institution has never had a student, nor has it a location at Newbury, so far as we know. The *Herald* says it is the general opinion that diplomas are being sold in the West, and one prominent business man made this statement: "It is susceptible of proof that two diplomas have been sold for \$50 apiece."

At a later date appeared the following: H. W. Bailey, of Newbury, who was advertised as the president of the bogus medical college up there, writes a letter that exoner-

ates him from blame. He consented to act as trustee only for a genuine institution, and never consented to the use of his name as president. Dr. G. B. Hatch, the concocter of the thing, claims that no diplomas were ever issued, but that he had an idea of starting such an institution at the Montebello Mineral Spring, got encouragement from a "Southern gentleman" as to capital, and had a few catalogues printed as sort of samples, but allowed only a few copies to go out.

Dr. Hiram A. Cutting, A. M., M. D., Ph. D., of Lunenburg, is a scholarly man, mostly self-made. For many years he was State Geologist of Vermont, and Secretary of the State Board of Agriculture; and has lectured much at agricultural meetings, and before various colleges. His three degrees are honorary. About this college he writes me: "There is no medical college at Newbury and never has been, to my knowledge. I received a letter something more than a year ago from one Dr. Hatch, of Newbury, saying that a friend of his from the South was talking of purchasing the school property and Medicinal Spring at Newbury and they might get up an institute class, and if such was done, he desired me to give two or three lectures on microscopic work, etc. I wrote him I would try and do so. The next I knew was that the project had fallen through. I have lectured before various colleges upon the microscope, mounting objects and the microscopic advantages in anatomy, etc., but was never president or official board member of any."

It seems that Dr. Hatch, who is not a graduate of a regular school, after the medicinal-spring scheme fell through, turned his attention to the sale of diplomas. Of his capacity for study, a friend writes me: "Dr. Hatch commenced the study of medicine with Dr. E. V. Watkins [of Newbury] some years ago, but did not continue with him in that capacity only about three weeks, when Dr. W. told him that he could never succeed unless he would devote all his time and talents to the study for years, and at that time Hatch gave up the idea of studying medicine, and left for other fields."

Shortly after his return to Newbury this new medical plant came quietly into existence, *sub rosa*. It was full-grown when first discovered. But since its exposure in the newspapers the members of the faculty either keep silent or deny their connection with it.

The exposure of this and other bogus colleges will have the effect to check the immediate sale of diplomas; but as soon as the excitement in the medical profession dies down, traffic will revive with renewed energy. The newspaper exposure will make them more noted, and those who desire to possess diplomas, without regard to standing, have learned where they can be purchased, and avoid hard study. The Legislature of Vermont has done a bad thing, or rather has neglected to do a good thing, for the medical profession of the State, at its recent session. A bill was introduced making the sale of bogus degrees a penal offense; but it failed in its passage. I have been informed that if the bill had been designed simply to prevent the sale of diplomas it would have passed, but it was so framed with other matters that were objectionable that the subject of degrees could not be singled out, so the whole matter was "heaved over among the rubbish," by the disinterested representatives. The outcome of this unwise legislation will be a large crop of bogus diplomas from Vermont for the next two years.

TRINITY UNIVERSITY.

Under this title the State Censors have received letters from the censors of some of the Western States inquiring into the standing of the institution. No such an institution exists there.

MEDICAL COLLEGE AT NEWFANE.

I am unable to find the name of the Medical College at Newfane, but inquiries have been made as to its standing, recent graduates having occasion to bring forward their diplomas, and were thus brought to light. No College exists there. It is a small obscure town.

VERMONT MEDICAL COLLEGE.

This concern was located in Rutland about 1883. Dr. George Dutton is the originator and the principal man. It should not be confounded with the Vermont Medical College that existed in Woodstock between 1824 and 1856, which will be reviewed later on in this article. This Rutland plant is located in a room, secured by the Dean for the purpose, of sufficient size to accommodate only a few students. Lectures are delivered annually, but they are superficial, erratic, lacking in method, in

fact, worthless to a student obtaining knowledge for practice. The students are of an inferior grade intellectually. This school claims to be a chartered institution, but it is not. The State of Vermont several years ago, passed an act by which an organization could be formed having privileges similar to a corporate body, without making direct application to the Legislature. These privileges were, however, somewhat restricted. Under this law the Rutland school was organized, and claimed to be a corporate body. There seems to be nothing hidden about it in its movements, on the contrary, the managers seek publicity and notoriety. They have been defiant and pugnacious, taking advantage in every spot and place to defend the institution from attacks. The past summer they graduated a class; and they took great pains to make a display, all the medical fraternity of the State and the public were invited to attend the graduating exercises. Each graduate read a paper on some medical subject, on the occasion. The reporters of the press were on hand, and some of them published quotations from the medical essays read, which reflected upon graduates unfavorably, and afforded much amusement to the physicians who read the reports.

One of the graduates of the institution desired to settle in the State to practice; but before she could do so, the law required that she must have a certificate of qualification from some Board of Censors of a medical society, recorded in the County Clerk's office. She made application to a Board of Censors for the certificate, and the Board refused it. Suit was brought to constrain the Board to issue a certificate; but the Courts decided against the application.

It has been charged that the school was of a "spiritualistic" nature; but the "*Faculty*" every time came forward with a denial. It has been noticed, however, that Dr. Dutton attends the "spiritual" conventions quite frequently, and distributes circulars and announcements of that school very extensively.

Application was made to the Legislature of Vermont for a charter of the Rutland school, but it was refused in the House of Representatives by almost a unanimous vote. Thus it will be seen, that not only the Courts, but the Legislature also, has set this school down as a bogus institution, and its diplomas are worthless, and a stigma to the possessor.

CASTLETON MEDICAL COLLEGE.

In 1881 I prepared a history of the Castleton Medical College for the first volume of the proceedings of the Rutland County Historical Society. From that volume I make such extracts as will be of service to medical censors throughout the United States. I was in possession of the written records of that institution from its origin, and the most complete file of the catalogues of it that was in existence in any library. That institution was chartered on October 29, 1818, as the Castleton Medical Academy. Drs. Selah Gridley and Theodore Woodward, of Castleton, were the real founders. By an Act of the Legislature passed on November 7, 1822, the name was changed to the Vermont Academy of Medicine. By an Act of the Legislature, November 1, 1841, the name was again changed to Castleton Medical College. The first course of medical lectures was delivered in the winter of 1818-19; the last course was delivered in the spring of 1861. The war of 1861-5 put an end to its existence. There were no lectures delivered in 1838 and 1839. Up to and including 1827, degrees were conferred upon the graduates under the auspices of Middlebury College. After that date diplomas were issued by the faculty of the college independently of Middlebury College. Many eminent physicians graduated from this college, and all were in good standing in the profession. Many of the graduates are still in active practice.

VERMONT MEDICAL COLLEGE.

This institution was started through the influence of Dr. Joseph A. Gallup, at Woodstock. The first course of lectures was given in the autumn of 1827. It received the name of the Clinical School of Medicine. For three years the graduates received their degrees from Waterville College, in the State of Maine. In 1830, a connection was formed between that institution and Middlebury College, from which the graduates received their degrees until 1836. In October, 1835, the Legislature of Vermont granted a charter to the Woodstock school under the name of the Vermont Medical College, with authority to grant diplomas to its graduates. Lectures were given annually in the spring, until 1856, when the last course was delivered; and its existence ceased then. The graduates of this institution stood well in

the profession, and some became eminent as medical teachers in other schools.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF VERMONT.

This is the only college in Vermont that now delivers medical lectures and issues diplomas to any medical graduates. It is in a flourishing condition and is careful to graduate only those found to be competent to practice. In the autumn of 1822, the first full course of medical lectures was delivered. These lectures were continued annually up to 1833, when they were suspended. In 1854, the department was again revived, and it has continued to increase up to the present time.

The three last-named colleges are the only ones that have been authorized to grant diplomas in the State of Vermont. All other before mentioned are bogus.

GENERAL ANTISEPTIC MEDICATION.¹

BY H. F. SLIFER,
NORTH WALES, PA.

I desire to bestow some consideration to the subject of general antiseptic medication. It is my object to present to the Society the use of antiseptics in general practice, not confining my remarks to antiseptic surgery, which I regard as only a part of the antiseptic treatment.

Sepsis is that morbid condition produced by the absorption of toxic matter into the tissues or blood. Three primary factors are engaged in the production of this pathological condition: 1. Micro-organisms; 2. Ptomaines; 3. Leucomaines.

The recognition of micro-organisms as the essential cause of specific disease, supplies a scientific basis for diagnosis, and affords a definite principle by which we are enabled to test methods of treatment. The existence of putrid fermentation, taking place in the tissues of the body, is proved by the following evidence: 1. The presence of certain micro-organisms; 2. Certain cadaveric alkaloids—ptomaines, the product of putrefaction; 3. Certain special products—leucomaines, which originate in the living tissue as a result of retrograde metamorphosis.

¹ Read before Montgomery County Medical Society.

These are divided into two groups: the uric acid group, and the creatinine group.

It has been seen that it is not the organisms themselves that are the irritants that directly cause disease, but the products that are formed in the course of their growth and multiplication, either directly secreted by them or formed by the decomposition of the substances on which they feed. From these facts we can draw this important conclusion: That man in the physiological state produces poisons, more or less virulent, the true nature of which we do not as yet understand, and that the condition of health for him consists in their regular and rapid elimination by the different excretories, and especially by the skin, the kidneys and the intestines; nor must we omit to mention that colossal eliminator of impurities, the liver, which has for its function the destroying of a certain number of these toxic alkaloids. But let some circumstance come to interrupt this equilibrium, let the skin close its life-giving gates; let the liver cease its function; let the glomeruli of the kidneys become obliterated; let too active an absorption take place from the intestines, whether by abnormal shedding of its epithelium, or by the presence of ulcerations, or by want of power on the part of the digestive ferment sufficiently to prevent the production of putridity and fermentation, and then may ensue a pathological condition which we will term sepsis.

The agents with which we antagonize and destroy the above enumerated toxic products are termed antiseptics. This system of medication is destined to have a high place in the therapeutics of the future, and should be studied and practiced by every physician and surgeon. I propose to make some practical application of this method in diseases as we meet them in general practice.

In the different forms of stomatitis, it is of primary importance to maintain perfect cleanliness, by keeping the teeth well brushed and by frequent washing of the mouth, especially after taking food. The most effective washes for this purpose are: boric acid, carbolic acid, chlorinated water, solution of permanganate of potassium, bicarbonate of soda, and creoline. When the gums are tender and disposed to bleed, astringents are indicated. If ulceration is present, the mouth should be washed as above indicated, and the ulcer dusted with iodoform, charcoal, or boric acid; or a lotion of carbolic acid, sulphate of copper (two grains to the

ounce), or nitrate of silver (five grains to the ounce), chlorate of potassium or bichlorate of mercury (2 to 1,000) should be applied.

In diphtheria we have a local as well as a constitutional pathological condition presented, in which the antiseptic treatment is especially applicable, and this, if properly carried out, will produce excellent results. In mild cases I use the inhalation of steam and lime, or steam and carbolic acid, alternating with a gargle of chlorate of potassium or borate of soda. In cases of graver import, I use medicated steam with a gargle of bichlorate of mercury (2 to 1,000), bromide of potassium, or bicarbonate of sodium with alcohol or whiskey, from which I have had excellent results. Recently, I have used sulpho-calcine with great satisfaction. The direct application of this drug on cotton, or with a camel's-hair brush, or as a spray, in its concentrated form, will often remove or dissolve the membrane. The use of iodoform, mineral acids and vegetable astringents has failed in my hands.

In the nasal complications, the injections should be made every four hours or oftener if necessary; at the same time it is advisable to be careful that the fluid does not enter the Eustachian tubes. This can be prevented, to a certain extent, by compelling the patient to keep the mouth open during the operation. In selecting the drug for this purpose, it is well to avoid those which stain or produce a firm coagulum. For this reason I employ carbolic acid, bicarbonate of sodium, borate of sodium and bichloride of mercury.

Prof. Alfred L. Loomis speaks highly of the benzoate of soda, to neutralize the diphtheritic poison. Dr. Geo. B. Fowler considers calomel the best remedy with which to combat this terrible malady. Dr. A. Jacobi advocates turpentine. Dr. J. Solis Cohen regards the chlorine compounds as of more efficacy in diphtheria than all other remedies.

I have had no personal experience with benzoate of soda, calomel and turpentine in diphtheria; but coming from such eminent authority, I am inclined to give them a test as soon as an opportunity will present.

The efficacy of antiseptic treatment, in diseases of the stomach, depends materially upon the manner in which it is executed; the more thoroughly the stomach is washed out, the greater will be the success. In dyspep-

sia and chronic gastritis the following drugs are indicated: carbolic acid, salicylate of bismuth, subnitrate of bismuth, salol, iodoform, charcoal, carbon bisulphide water, and hydrochloric acid. In gastric ulcers, charcoal, small doses of calomel and nitrate of silver are the most efficacious remedies. The food and drink must be boiled or sterilized, and selected with especial care, and adapted to the peculiarity of each case.

Dr. Bouchard has the credit of first attempting intestinal antiseptis. He treated his typhoid fever patients with a mixture of charcoal and iodoform, and naphthol in large doses. Dr. Dujardin-Beaumetz, is perhaps one of the strongest advocates of this form of intestinal treatment. He says: "The physician can, and ought to interfere, to combat these intestinal septicemias, and he attains this end in employing two kinds of drugs: one kind which has for its object to prevent putrid fermentations from developing in the digestive tube, and to destroy the toxic elements which are formed there; another which has for its end the favoring of the rapid elimination of this matter from the intestines. Let us examine each of these indications, and the indications designed to fulfil them, commencing with the last. The indication to eliminate the toxic matter found in the digestive tube, and to favor their speedy issue, is fulfilled by purgation. Medical agents which are capable of modifying the putridity of intestinal matter, we find may be introduced by two channels: either directly into the intestines by means of enemata, or indirectly by the mouth. The antiseptic substances which can be used by enemata are not very numerous, on account of their irritant and toxic action. To avoid this, we are obliged to employ substances which are but slightly irritating and toxic, such as salicylic acid, boric acid, cupric sulphate.

"These injections have no toxic effect and they disinfect perfectly the contents of the large intestine. Their action is, however, local, and you should endeavor to medicate the entire intestinal tract; and for this purpose substances should be introduced by the mouth. Among the drugs worthy of being advised for this object, there are three to which I desire to call attention, namely, charcoal, iodoform and carbon bi-sulphide water."

Dujardin-Beaumetz also speaks in high terms of salicylate of bismuth, associated

with magnesia or bicarbonate of soda, with naphthal or salol in diarrhoea.

It is evident, that the best results are to be realized from drugs that are slightly soluble. Only insoluble drugs can be depended upon to reach the lower part of the intestines. In diarrhoea in which the putrefactive processes are marked, as indicated by flatulence and offensive stools, I have had good results from the use of salicylate of bismuth, charcoal, iodoform and salol; in other cases carbon-bisulphide acted more promptly.

In cholera infantum, the antiseptic treatment consists in: 1. Unloading the bowels. 2. Feeding the child on sterilized food; and 3. Antiseptic drugs. I use one of the bismuth salts, or sulpho-carbonate of zinc, iodoform, or small doses of calomel.

In chronic diarrhoea antiseptics are of very little avail, indeed they have proved unsatisfactory.

Dr. Lemoine, of Algiers, has treated fifty-four cases of dysentery with enemata of corrosive sublimate, with the happiest results. The strength of the solution was one to five thousand, of which two hundred grams were at first administered three times a day. In acute cases, a cure resulted from this treatment in from three to four days; in no case was there any sign of systemic poisoning. In view of the infectious character of dysentery, this treatment is eminently rational, and the demonstration that our most powerful germicide can be used with impunity as an intestinal antiseptic is of decided value.

The antiseptic treatment of phthisis has thus far been unsatisfactory. The higher authorities do not recommend it. All that we can reasonably expect from antiseptic inhalations, is that they may decrease the infective power of the secretions and counteract the offensive odor of the breath and expiration.

It is in obstetrics that the antiseptic method of treatment is especially indicated. The Chicago Medico-Legal Society recently discussed the question: "Whether the failure of a physician to accept and practice the precepts of antiseptic midwifery should make him legally liable and responsible if puerperal fever develops in his puerperal patient during his attendance upon her." It seems to me that the obstetrician is in a high degree responsible for unfortunate results. We find, on examining statistics, that the mortality of puerperal diseases has

greatly decreased since the institution of the antiseptic treatment.

Dr. William T. Lusk reports in the *Medical News*: "The number of deaths from puerperal sepsis, between the years 1867 and 1875, in New York City, was 1,947, or an annual average of 215." This is the result under the old system. In the same article, Dr. Lusk says: "During the past five years there have been 837 women confined in the Bellevue Hospital, and there have been sixteen deaths, two of which were due to puerperal fever." These figures most emphatically show the value of the antiseptic principle.

In the address on obstetrics before the last meeting of the American Medical Association, the following statement was made: "There are a few simple rules pertaining to the subject of aseptic midwifery, and they must be scrupulously and delicately adhered to by every physician who practices the obstetric art. Failure to do this is to shoulder an awful responsibility, and the consequences of such neglect would be indefensible, either in a court of morals or of law."

It behooves us, therefore, as general practitioners, to exercise every precaution, and to utilize every means at our command to prevent sepsis.

This happy end we attain in two ways. First, asepsis; second, antiseptis. Asepsis we secure by scrupulous cleanliness—not æsthetic, but chemical cleanliness on the part of physician, nurse and patient. The clothing of the physician and nurse should be perfectly clean and free from contaminated air imbibed from the dead-house, or hospital wards, or the rooms of patients in which diphtheria, erysipelas, septic wounds, or the eruptive fevers are being treated. The hands and fore-arms should be washed with hot water and soap, then in an antiseptic solution; and special attention should be given to the finger-nails. The patient must also undergo a cleansing preparation, the abdomen, the thighs, the labia and the anus must be thoroughly washed with soap and water, and finally, with an antiseptic solution—alcohol or bichlorate of mercury.

Antiseptis is secured by the introduction of agents that destroy the toxic matter, and remove the devitalized substances, and those prone to decomposition. These agents are indicated after abortion as well as after labor.

If the labor is perfectly normal, and there is no danger of sepsis, I use one injection

daily of the bichloride solution (1 to 5,000), or carbolic acid (1 per cent.), or chlorinated soda, or permanganate of potash.

In case of any operation, such as version, the application of forceps, or any manipulation by means of which air is admitted, the douche of sublimate solution must be used. The parts are dusted with iodoform and covered with a piece of gauze wet with 1 to 5,000 bichloride solution, or carbolic acid solution, or chlorinated soda.

In surgery we more clearly attain the ideal excellence of antiseptic treatment than in any other department. There we are enabled to apply the antiseptic agents directly to the seat of infection, and to destroy the toxic influence and restore the parts to an aseptic condition. All operations should be performed with the strictest antiseptic precautions. The region to be operated on is cleansed with soap and water, ether or turpentine, and carbolic water (3 per cent.), or bichloride of mercury (1 to 1,000) and is then covered with a towel saturated with bichloride solution until ready. The instruments are sterilized by exposure to steam, or by being placed in boiling water, and are then laid in a 3 per cent. carbolic acid solution. During the operation the instruments, when not in use, should be placed in carbolic solution, or on a towel saturated with sublimate solution. The same precautionary measures must be taken with needles, sponges, etc. The hands of the operator should be washed with soap and water, and alcohol or turpentine, and then with bichloride solution, care being taken that the nails are chemically clean. The operation being completed, the bleeding vessels are secured with carbolic ligatures, or those prepared in oil of juniper, which have been in the bichloride solution for twenty minutes. The wound is now irrigated with bichloride solution. The edges are adjusted, and secured with sutures. The cavity of the wound is again irrigated with an antiseptic solution. The wound is then freely dusted with iodoform, followed with a layer of cotton, saturated with a solution of carbolic acid or the bichloride. This in turn is covered with two or three layers of antiseptic gauze. This may be covered with oiled silk, or oiled muslin, or oiled paper, or rubber tissue. Over this a layer of antiseptic cotton is placed, and then the roller bandage. If no discharge or bleeding is perceptible, this dressing can remain for a week without redressing.

It has been asserted that antiseptics could not be carried out in general practice. This I regard as an error. Since the method has been so much simplified, the cumbersome spray apparatus has been abandoned, and the complicated dressings have been discarded, we are enabled to practice it under all conditions and circumstances, let us therefore, bear in mind the principle of the antiseptic treatment, and do the best we can with the means at our command.

VESICULAR ERUPTION IN SCARLATINA.¹

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The importance of any unusual deviation from the ordinary character of the eruption in one of the exanthemata calls for its report and record. The following is the report of a case of scarlatina, in which a vesicular eruption developed.

The patient was a stout, well-developed child, four years of age, of German parentage, and the youngest of a family of several children. On November 29, after having been perfectly well all day, he was taken suddenly towards evening with vomiting, fever, and, later, diarrhoea. The next morning a scarlatinal eruption appeared, which became well marked and presented no unusual characteristics during that or the two succeeding days. At the request of his attending physician, Dr. William Hailes, I saw him in the evening of December 3; the fourth day of sickness. He was having scarlatina of moderate severity; his pulse was rapid; his tongue had the red, strawberry appearance; the throat was congested. His face was clear of eruption, and on the chin and neck was beginning to peel. The body and limbs were covered with a deep scarlatinal eruption, fading on deep pressure except at punctate points, the color returning slowly. The abdomen was covered thickly with petechial, pin-head sized, acuminate vesicles, closely set so as to impart a rough feeling to the touch, and of a whitish color. Similar vesicles covered the inside of the thighs, but less thickly set. A few scattered vesicles were on the chest, none on the back, neck or face. On the

¹ Presented at the meeting of the Medical Society of the State of New York, February 3, 1891.

arms there were a few here and there, but about the elbows they were more numerous. On the wrists and back of the hands, however, there were vesicles differing much from those on other parts in regard to their size; they were large, about the size of a split pea, many were of irregular outline as if formed by the confluence of several vesicles; they were flat, superficial, and their contents were turbid and whitish as if semi-purulent. They involved about one-half of the area of tissue of these parts. At first glance they presented much the appearance of small-pox on the fourth day of eruption; they were lacking in a solid raised edge of a vesicular papule and were not acuminate. This new eruption had developed without apparent accession of fever.

December 4. The vesicles on the abdomen and thighs had not developed beyond this pin-head size, and extended over no greater area. The skin covering the knees had the large flat turbid vesicles found the day before on the wrists, and they were thickly set. Those on the wrists were unchanged, but had extended up the ulnar side of the arms. They appeared to cause no inconvenience to the child. The body was still quite red.

December 5. On the abdomen the vesicles had almost entirely disappeared by absorption, and at their sites were scales yet adherent. About half of the vesicles on the hands and arms had disappeared by absorption. None had been ruptured or torn by scratching. On the knees the vesiculation was still active. The vesicles of the knees and wrists had appeared upon the ankles, and were quite similar in every way. Between joints there were only few vesicles. The redness of the entire body was fading, and there was but moderate febrile action.

December 9, four days later, the child was up and dressed. The vesicular eruption had entirely disappeared, and at the sites of the large and profuse vesiculation the cuticle was peeling actively in large, thin flakes, aside from which there was no mark to indicate their former existence, they having entirely disappeared by absorption. A more furfuraceous exfoliation was going on over the covered parts of the body. The tongue was still red and showed elevated papillæ, and the fauces were still congested. The child subsequently made a perfect recovery without accident, and there were no other cases of scarlatina in the family.

Pathologically, the eruption of scarlatina

is a dermatitis. While the efflorescence is due to general engorgement of the cutaneous vessels, there is always a larger degree of engorgement of the capillary loops in the papillæ of the derma, producing the pin-head sized reddish points seen at the commencement of the eruption and the small, red points which often cover the blanched spot remaining after pressure upon the scarlatinous skin at its height. Sometimes these papillæ are so congested as to impart a rough sensation to the touch. The production of vesicles may be accounted for in pursuance of this pathological process, the engorgement of the papillary capillaries being such that relief may be found, just as in other conditions of dermatitis, by escape of serum and the formation of a vesicle. It would appear that lymphoid corpuscles also escape and produce the whitish appearance that is noted. This would better satisfy the conditions, apparently, than that they are produced as a miliaria, occurring in any febrile condition from follicular inflammation, the sudamina of fever or the prickly heat of hot weather. It is exactly in keeping with the production of scarlatina hemorrhagica, where minute points of reddish-brown color, not obliterated by pressure, develop from escape of blood-globules from the congested papillary capillaries. The occurrence of the vesicles at parts where the dermatitis is most intense, and the whitish appearance of their contents, add force, in a case such as that reported, to this pathogeny.

The literature of this anomaly of scarlatina is scant. It is not detailed with that completeness which would be looked for in consideration of its importance, for while it is referred to very casually as a possibility by Robinson, Hebra, Meigs and Pepper and Bussey, in Keating's *Cyclopedia*, by which author a miliaria eruption is referred to casually, by many writers even of elaborate and compendious articles it obtains no notice. Its importance as a possible occurrence in a common exanthem, usually regarded as altogether an efflorescence, should be recognized and made familiar to the profession.

17 Washington Avenue.

—It is said that the unpleasant symptoms sometimes associated with the continued use of iodine may be prevented by the daily administration of fifteen grains of bicarbonate of soda.

PERISCOPE.

Life-Saving Methods in Still-Births.

At a meeting of the Section on Pediatrics of the New York Academy of Medicine, December 4, 1890, Dr. William T. Lusk read a paper in which he said that a few weeks ago he had been called to the bedside of a primipara in labor. The child's head was low in the pelvis, but for two hours there had been no progress. Extraction of the head by the forceps was easily accomplished, but the cord was found tight around the neck. It was divided with scissors, and the body was extracted. The child, however, had become asphyxiated, respiration had ceased, the heart-beat was scarcely perceptible. He placed the child upon a table, wrapped in warm cloths, expelled the mucus from the posterior fauces, passed a No. 8 English catheter into the trachea, and removed mucus by suction. The quantity of mucus in the bronchial tubes was large, and the catheter had to be introduced many times. Direct inflation was then practiced, and in ten minutes slight heart movements were observed, but these ceased again, and life-saving methods had to be continued for nearly three hours before respiratory movements were finally established. These methods consisted in removal of mucus from the bronchi, inflation through the catheter, warm-water baths with sprinkling of the epigastrium with cold water, and the use of Schultze's and Sylvester's methods alternately. Before using Sylvester's method it had been necessary to draw the tongue forward and depress the base. The next day the child had spasms, but recovered after twenty-four hours, and remains to-day robust and the joy of a family.

He would grant that the story was a familiar one, but its importance led him to bring the subject before the Academy on this occasion. According to his observation, the method usually pursued was to spank the child, wrap it in warm cloths, or dip it alternately in warm and cold water, and lay it away to die. But to manage these cases successfully required perseverance and a knowledge of the physiological laws involved.

It was known that during the period of gestation the child remained in a state of apnoea; that the respiratory function was performed by the placenta. But as soon as the child was born, in normal cases, the

thorax expanded, the diaphragm contracted, pulmonary respiration was established. The premature establishing of pulmonary respiration while the child was still in the passages was followed by asphyxia, and was generally the cause of still-births. The author here mentioned the two prevailing theories regarding the cause of respiration taking place at birth, and also cited the experiments of Engstok made on guinea-pigs and other animals, which demonstrated that fetal respirations were excited in the absence of external sources of irritation so soon as the blood in the umbilical veins became darkened or was cut off from the fetus. Peripheral stimuli, however, were capable of exciting the respiratory act before the internal stimuli had increased sufficiently to induce independent action.

After describing the fetal circulation, Dr. Lusk said that, owing to the less amount of blood supplied through the placenta during contractions of the uterus before birth, the respiratory centre in the medulla received less arterialized blood, became more irritable, and this, with the friction upon the body of the child as it passed through the genital tract and came in contact with the air, caused the first respiratory act to take place. This was accompanied by expansion of the chest, opening up of the pulmonary air-cells and of the blood-channels distributed to the lungs, which before had been nearly closed. The blood, therefore, which had before passed from the right ventricle directly to the aorta, was now directed to the lungs. This caused diminution in blood-pressure in all the vessels of the body, the pressure being partially compensated for by aspiration in the vena cava with the acts of respiration. Since the blood, after respiration had set in, was most diminished in the ductus arteriosus, this channel soon became obliterated. In the regular channels the diminished pressure was most marked at a distance from the heart. It was particularly noticeable in the umbilical arteries, the pulsation here often being scarcely perceptible after the child had breathed a few times.

In cases of asphyxia it was somewhat different. In nearly all cases of asphyxia after birth the child had breathed in utero. Intra-uterine respiration was due to tetanic contractions of the uterus, a condition often seen when it was more common to give ergot before birth of the child; to premature death of the mother; but oftenest of all, to pressure upon the cord. Cutting off the

blood suddenly from the placenta caused a backward coupe and increased arterial tension, together with an increased amount of work thrown upon the right side of the heart. Intra-uterine respiration taking place, the lung expanded, amniotic fluid, meconium, epithelium, and mucus entered the nose and throat, and, if the efforts at inspiration had been active, even reached the trachea and bronchi. As the respiratory attempt went on, but no oxygen reached the medulla, it gradually lost its irritability, respiration ceased, and the heart and vessels were left engorged with blood. Ecchymoses, if not hemorrhages, were seen in different parts of the autopsy. The time during which the asphyxia had existed, or its degree, differed in different cases. In the milder ones the muscular tone was preserved, the head did not drop, the skin was dusky red or cyanotic, the conjunctivæ were congested, the umbilical vessels distended, reflex movements could be excited by irritation. In these cases respiration often returned. But in the more advanced state of asphyxia the surface was pale, cold, the heart-beat was feeble and infrequent, the umbilical vessels were nearly empty, the head dropped, there was loss of muscular tone; if there was any attempt at respiration there were no associated movements of the muscles of the face.

The first signs of returning animation were the refilling of the capillaries and of muscular tonicity.

The indications for treatment were to clear out the air-passages, restore the irritability of the medulla, increase the force of the heart-contractions, relieve the plethora of the heart and blood-channels, expand the thorax. Where muscular tonicity was still present these conditions were easily fulfilled; and clearing out the fauces and nose of mucus, the use of flagellations and the stimulus of warm and cold water were likely to prove sufficient. But in a number of instances the skin in a few days became dusky, the heart-action feeble, and the child died of atelectasis. To avoid this no method excelled Schultze's.

Schultze's method was illustrated on the child cadaver. The thumbs were placed upon the anterior portion of the child's head, the index-finger in the armpits, the hands diagonally over the back, the body hanging down. The mouth being open, the pulling upward on the thoracic muscles drew the upper ribs upward, while the attachment of the abdominal muscles caused

the lower ribs to be drawn downward, the diaphragm fell downward, and thus the cavity of the chest was expanded to the greatest possible degree. Inspiration was thus induced. Now, by extending the hands horizontally and giving the body of the child a forward turn, the position was assumed in which the abdominal viscera pushed up the diaphragm, the ribs were brought in close contact with each other, and the most efficient form of expiration was carried out. Perhaps there was no other way in which the mucosities taken up into the lungs could be so efficiently expelled. Before laying the child aside it was desirable to swing it gently a few times forward and upward over the hands so as to completely ventilate the lungs and expel the mucus from the air-passages. But the greatest advantage of the Schultze method related to the manner in which the congested heart-cavities, thorax and blood-vessels were unloaded of engorged blood. There was no doubt but what the Schultze method would save many of that class of cases which heretofore had been resuscitated only to die the third or fourth day.

But the method was capable of abuse. Before it was employed, the child should be placed in warm cloths, and its nose and fauces cleared of mucus. Then proceed to clear the trachea and bronchi by passing a No. 8 English catheter and using suction. This often required time and repeated introduction of the elastic tube. Meanwhile, insufflations should be employed at intervals. Gentle compression of the chest-wall should now and then be practiced. By these means, little by little, the blood received oxygen, and returning irritability of the medulla was manifested by occasional movements. Then Sylvester's method was practiced. It was not of much use, however, unless one had an assistant to hold the extremities. The tongue should be drawn forward and its base depressed, to permit entrance of air. As soon as the heart-movements became plainly perceptible the child should be placed in warm water, lifted again, and sprinkled with cold water. But to dip it suddenly in cold water had often caused instantaneous death. Putting it into warm water and sprinkling the face with cold water was harmless. Finally, the swinging method of Schultze should be employed, especially for its effects upon the circulation. It should be remembered that cases of asphyxia required watchfulness and

a hopeful spirit. Even after having presumably resuscitated the child by the procedure just outlined, it might again be necessary to go back to the catheter and insufflation.

Homœopathy by a Homœopath.

Dr. W. M. Decker, of Kingston, N. Y., in the *New York Medical Times*, February, 1891, has a paper in which he quotes criticisms of a Dr. Tooker on some resolutions, which Dr. Decker submitted to the Homœopathic Medical Society of the State of New York, at its semi-annual meeting held at Brooklyn last year.

The first resolution proposed by Dr. Decker reads as follows: "*Resolved*, That, in the opinion of this society, the theory of the psoric origin of chronic diseases, as set forth by Hahnemann in the *Organon* and in his other writings, is erroneous; and, therefore, as a basis for treatment, it is misleading."

The second resolution is "*Resolved*, That all symptoms attributed to provings with high potencies are of doubtful reliability; and, therefore, they are not trustworthy guides in practice."

Of this resolution Dr. Tooker says: "The second resolution is only worthy of consideration because Hahnemann in his dotage and some of his disciples in their early enthusiasm believed it and taught it. As the great majority of the followers of Hahnemann, however, at the present day, have seen its fallacy and have already discarded it, there seems to be no special harm in giving it official and respectful burial in the resolution as formulated."

Dr. Decker says he cannot understand how he can accept the one and reject the other. If he is not a believer in high potencies, then, he cannot accept the doctrine of potentiation or dynamization; and that is all the third resolution condemns.

The third resolution is "*Resolved*, That, in the opinion of this society, the theory of potentiation of drugs, as taught by Hahnemann in the *Organon* and in his other writings, that is, the doctrine that the more drugs are attenuated by successive triturations, or the more they are diluted and succussed, the more their power and effectiveness is increased, is hereby declared unsound and unreasonable in principle, except the fact that division of drug matter is accomplished."

This is the resolution which Dr. Tooker cannot accept; and yet he does indirectly accept it, as before stated. The above resolution does not reject attenuation or dilution of drugs. The divisibility of matter is embodied in the resolution as an exception. The resolution does not declare that unsound and unreasonable; but only the doctrine of potentiation. Dr. Tooker seems to lose sight of the distinction between the meaning of the terms attenuation and dilution as compared with potentiation and dynamization when applied to drugs. They are not synonymous terms, and cannot be used interchangeably.

After explaining his notions, Dr. Decker says: "To prove that potentiation of drugs as taught by Hahnemann is false, absurd and unreasonable, I need only refer you to Hahnemann's own statements, viewed in the light of our present knowledge. I refer you to *Hahnemann's Lesser Writings*, by Dr. Dudgeon, p. 733, from which we quote the following: 'In the same way liquid medicines do not become, by their greater and greater attenuation, weaker in power, but always more potent and penetrating. For homœopathic purposes this dilution is performed by well shaking a drop of the medicine with a hundred drops of a non-medical fluid; from the bottle so shaken a drop is taken and shaken up in the same manner with another hundred drops of unmedicated fluid, and so on. This result, so incomprehensible to the man of figures, goes so far that we must set bounds to the succussion process, in order that the degree of attenuation be not over-balanced by the increased potency of the medicine, and in that way the highest attenuation become too active. If we wish, for example, to attenuate a drop of the juice of *sundew*¹ to the decillionth, but shake each of the bottles with twenty or more succussions from a powerful arm, in the hand of which the bottle is held, in that case this medicine, which I have discovered to be the specific remedy for the frightful epidemic *whooping-cough* of children, will have become so powerful in the fifteenth attenuation (spiritualization) that a drop of it given in a teaspoonful of water would endanger the life of such a child; whereas, if each dilution bottle were shaken but twice (with two strokes of the arm) and prepared in this manner up to the decillionth attenuation, a sugar globule the size of a poppy

¹ *Drosera rotundifolia*.

seed moistened with the last attenuation cures this terrible disease with this single dose without endangering the health of the child in the slightest degree.' "

According to Hahnemann the process of succussion and trituration develops in drugs, or imparts to drugs, more and more power the further the process is carried on; or the more dilute and attenuated they become by this process the more actual power and force is engendered; and this force, or power, started in the material, becomes greater as the material becomes less and less; and finally, when the material has passed away, the accumulated power is transmitted or passed over to the spiritual; and that goes on increasing in power *ad infinitum*, if the process is continued.

According to the process, Hahnemann believed that, when the spirit world was reached with *drosera* ("the fifteenth attenuation [spiritualization]"), provided each potency had received twenty succussions instead of two from a powerful arm, then it would endanger the life of a child with whooping-cough.

He directed that each successive dilution should be succussed twice, if more than that, the power would be developed too rapidly, for each and every additional shake meant more power. Hence, in the case of *drosera*, when the point is reached where there is no drug material left—where the body of the drug is all gone, then the spirit of the drug, like the soul of John Brown, goes marching on mighty in its power and deadly in its effects. Now, if this be so, it should be regarded, by the law of the State, malpractice to dispense the so-called high potencies without a label signifying that they are deadly; and it should be generally understood and taught that a high dilution should be brought low by dilution; but mind you don't shake it. *The only safety in diluting a high potency is in not succussing it.*

Such is the logic of Hahnemann. To-day it is nonsense! folly! delusion! craziness! and there is no danger of killing a child with *drosera* in any dilution. Hahnemann takes us out of the tangible into the spirit world—of which we know nothing; and the nearer we approach to nothingness, if on the given scale, by jerks, the nearer, he tells us, we approach to something—call it disembodied power, which is a misnomer, a fallacy.

The more material the more power. We cannot comprehend or utilize a force inde-

pendent and separate from material. In all science, in all mechanics, there is no such thing as power without material. This is a self-evident truth, which confutes and confounds and makes a lie of Hahnemann's doctrine of potentiation.

A drug's usefulness, or beneficial influence, may be increased by dilution, but not its power. The less material the less power, on general principles, whether it is succussed or not. Does a tornado become more powerful by dilution? Does a man's arm become stronger by emaciation?

Is the thirtieth attenuation of prussic acid more powerful and deadly, when succussed according to Hahnemann's directions, than the pure acid itself?

Power or potency is one thing; but the fitness, the adaptability of things is something else. A drug, by dilution or trituration, may be better adapted to the cure of disease, it may, by that process, be the better fitted for efficient use by the system; but its power has not thereby been increased; and it does not continue to increase as the material is lessened *ad infinitum*.

There is no such thing as a high potency, because power does not increase with successive diminution of matter, notwithstanding it may have been triturated or succussed. You cannot get out of a drug anything more than is in it; and succussion and attenuation possess nothing and give nothing. There is, no such thing as a high dilution, for the so-called high dilutions contain none of the original drug material. In order to dilute, there must be something for dilution—some material; and, if there is no material, there can be no dilution.

Force or power cannot be conveyed or exhibited beyond matter nor without matter; and to claim that it can, or to advance such doctrine, is nonsense; for it is unscientific, untenable, undemonstrable and false. I close with a little prayer—"With all thy getting, get understanding." Amen!

[All this is very interesting, and suggests the query: What is a homœopath?—Editor of REPORTER.]

Removal of the Uterine Appendages in Cases of Functional Neurosis.

At the meeting of the Obstetrical Society of London, January 7, 1891, Dr. Playfair read a paper on removal of the appendages of the uterus for neuroses, an abstract of

which appears in the *British Medical Journal*, January 17, 1891. He detailed several cases that had come under his observation:—1. A case of neurosis treated by removal of the appendages, without benefit, subsequently cured by systematic treatment. 2. A similiar case in which the operation was recommended, and about to be performed, when the patient refused her consent, likewise cured by systematic treatment. 3. A case of neurosis, in which there was distinct evidence of structural disease of the appendages. In this instance the neurotic symptoms were first dealt with, in the hope that the patient would be sufficiently bettered to avoid the necessity of operation.

The subject of hystero-epilepsy and mania treated by removal of the uterine appendages was considered, and an illustrative case given. The general conclusions arrived at were:—1. That the removal of the appendages is not a legitimate procedure in cases of purely functional neurosis. 2. That when marked structural disease of the appendages co-exist with severe neurotic conditions, the latter should be treated in the first instance, in the hope that operation might be avoided. 3. That in hystero-epilepsy and hystero-mania the results of operation have been so unsatisfactory that it is a procedure of very doubtful expediency, and not to be recommended.

Sir Spencer Wells referred to a pamphlet by Dr. Ross, of Toronto, on "The failure of the removal of the tubes and ovaries to relieve symptoms." Dr. Ross says: "To operate on organs not diseased for the relief of indefinable pain symptoms, hysterical symptoms, cataleptic symptoms, epileptic symptoms, is in my mind unjustifiable. A craze seems to have taken hold of the profession. The axiom seems to have become, if a woman has indefinite pains and local symptoms, take out her ovaries. This axiom requires a radical change." Dr. Ross went on to say: "I have seen these unjustifiable operations done both in Europe and America. . . . Many cases in which ovaries and tubes are removed to relieve certain nervous symptoms remain unrelieved. . . . Many cases I hear of as cures are not cures. . . . From our many failures to remove nervous diseases, as hysteria and epilepsy, by castration, we can see that the ovaries play but a part in their causation; and I believe that we might as well hope for relief of these diseases by enucleation of both eyes as by removal of both ovaries, or both tubes,

or both tubes and ovaries, or even tubes, ovaries, and uterus." Dr. Ross related a case in which he removed the ovaries in 1886. In 1888 he was able to report that his patient had been in splendid health ever since operation, but in 1890 had to say: "her mental condition is not what it was before. She seems lazy, indolent and fat, and is not the bright little woman she was before the operation, even when she had her aches and pains. Sexual intercourse is only indulged in as a marital duty; it gives neither pain nor pleasure." Then Dr. Ross proceeded: "Many deaths from these operations have been recorded. . . . A girl's prospect of marriage, maternity, and a happy life are blasted forever by such a procedure." Dr. Ross then referred to a case in which a woman of his acquaintance was operated on in the provinces, and her case was brought before the Gynecological Society in December, 1888, very soon after the operation as a practical cure. Sir Spencer Wells had seen that lady that day; she had never been well since the operation, but very much worse than before, and her case instead of being a cure was a deplorable and disastrous failure. He had seen other cases almost as unsatisfactory, and he fully concurred in all that Dr. Playfair and Dr. Ross had said against unnecessary and unjustifiable mutilation for transitory disease.

Operation for Cerebral Hernia.

The *Western Medical Reporter*, January, 1891, contains an interesting report of a successful operation for cerebral hernia by Dr. J. Frank, of Chicago.

On August 11, 1890, the mother brought a little three-year-old girl to the Cook County Hospital, saying the child was kicked by a horse which was being shod. On examination paresis of the left arm and leg was found. The right pupil was somewhat larger than the left and both reacted to light. Stupor was well marked. After shaving the head, the scalp was found to be intact, with the exception of its being discolored. On account of swelling, a depression of the skull could not be determined. The stupor and paresis justified an exploratory operation. After the operation, there was an immediate improvement of the paresis and stupor. Several days after the operation the child was able to sit up in bed and play.

Where the dura was destroyed and over the region where the drainage was placed, a hernia developed, which kept on growing larger. As the hernia kept on increasing in size, an operation was decided on. The method adopted in this case is as follows: The scalp was dissected from the tumor where it was reflected and firmly united. The dissection was carried on until healthy brain tissue was reached, when, with the handle of the scalpel, the hernia was cut away, during which time cerebral fluid oozed out. As soon as the hernia was removed the brain filled out the empty space. A smart hemorrhage now succeeded, which had to be controlled by packing. It was seen that the dura could not be brought together, so the edges of the scalp were freshened and united with interrupted sutures. A compress was put over the wound to keep the parts as quiet as possible and for the purpose of securing primary union, as upon this rested the success of the operation. The evening of the following day the child had a slight general convulsion, commencing in left arm and leg, followed by stupor which lasted about six hours, which apparently was produced by the compress being strapped on too tightly over the area where the brain pulsed against the scalp.

Four days after the operation the child was running about the yard. In a week the stitches were removed. Everything looked favorable until about the second week after the operation, when a small point in the middle of the line of the incision commenced to slough. Fortunately, the sloughing did not extend very far, leaving the parts in a fair condition.

Practice by Syphilized Practitioners.

The *Medical Press* January 21, 1890, says: A foreign contemporary discusses the question of the duty of a medical man who has been unfortunate enough to contract syphilis in the matter of continuing to practice his profession. Everything must, of course, depend upon the nature of the manifestations, their site and their age. It is obvious that no conscientious man with a specific ulceration on the hand would undertake any obstetrical or surgical operation involving the risk of infection to the patient. There is no reason to suppose that infection is possible in the absence of cutaneous le-

sions, though any serous of sanguineous exudation might conceivably convey the contagion. This, however, is still a moot question, and the circumstances under which a medical man would be constrained to cease to practice are rare and improbable.

Therapeutic Use of Monesia Bark.

The so-called "monesia bark" (*Cortex monesiae*, or *cortex Buranham* or *Guaranham*) is derived chiefly from a Brazilian tree *Chrysophyllum glycyphlaeum Casaretti*, but also from other six varieties of the species *Chrysophyllum*, belonging to the natural family *Sapotaceae*. According to Henry and Payen, the bark contains saponin, an allied body "monesin," tannic acid, glycyrrhizin, wax, a crystalline fatty substance, etc. Years ago the drug (in the shape of a solid aqueous extract, termed simply "monesia") was much vaunted and used, especially in France, as a tonic and an astringent. Subsequently, however, it gradually fell into oblivion. Quite recently, Dr. Pavel G. Rozanoff, of Moscow, has once more drawn the attention of the profession to the long-forgotten remedy (*Moscow Inaugural Dissertation*, 1890), emphatically pointing out that monesia actually affords an excellent expectorant and astringent agent. He describes a number of cases of respiratory and intestinal affections (acute and chronic bronchitis, pneumonia, subacute enteritis, chronic diarrhoeas, etc.), in which he most successfully resorted to the internal administration of a mixture, made of from $\frac{1}{2}$ to 1 drachm of aqueous extract of the bark to 6 ounces of water. The mixture was always given in tablespoonful doses, repeated every two hours. The author's experience seems to justify the following general propositions. 1. The bark affords a good expectorant, which is dependent upon its containing saponin and monesia. 2. At the same time, owing to a rich proportion of tannin, the remedy constitutes a good astringent. 3. It is quite free from any unpleasant accessory effects and hence, as an expectorant, should be preferred to ipecacuanha, senega and such like drugs. It is especially indicated in cases of respiratory disease in which a more or less prolonged administration of an expectorant is deemed necessary, as well as in cases where the ordinary expectorants are apt to give rise to gastro-intestinal disturbances. 4. As an astringent monesia

proves to be useful in chronic diarrhoeas. 5. In virtue of its simultaneously possessing expectorant and astringent properties, the bark will be found eminently beneficial and convenient in cases of co-existing chronic catarrhal affections of the respiratory and intestinal tracts.

Medical Practice in Missouri.

The *St. Louis Courier of Medicine*, January, 1891, says:

"Unless steps are taken in the near future to raise the standard of requirements for the practice of medicine and surgery in this State, we will find to our sorrow and dismay, that when the higher standard adopted by all our sister States goes into effect, Missouri will be overrun with 'quacks.' We have an abundant supply of them now, without any emigration of the 'scum and rot' of other States. The very day they are affected by this change in the present laws, there will be an exodus, the like of which was never seen. The wagon-roads from every point of the compass will be crowded with the vehicles of the traveling quack with their banners flying, hurrying to the Mecca; the paradise, which the narrow-minded policy of our State government has maintained for years." To this, it adds: "Let us arise in our might ere our strength and present power has passed away, and place Missouri on an equality with all the States around us!"

Caustic Treatment of Carbuncle and Diphtheria.

Dr. Gëorgy İ. Gisler, of Semipalatinsk, describes (*Proceedings of the Omsk [Siberian] Medical Society*, No. 8, 1890, p. 187) six successive cases of severe carbuncle of the neck, rapidly cured by the application of the following mixture, prepared *extempore*.

R Potasse s. sodæ causticæ fusæ
Magne-ise ustæ aa gr. ii
Aque destillatæ q. s. ut ft. linimentum

Sig. Carefully paint over the diseased area, by means of a brush, until an equal layer, one-fourth inch thick, has formed. Then cover the part with a piece of linen, soaked in a 50 per cent. solution of carbolic acid, or in wintergreen oil.

Simultaneously, antefebrein (5 grains at bed-time) and quinine (from 10 to 15 grains similarly at bed-time) were given internally. In every one of the cases, in 3 or 4 hours

after the application a profuse perspiration appeared and the temperature returned to the standard. On the next day the ulcer was found to be replaced by a black, dry and firm scurf, which gradually became detached from the subjacent tissues, leaving a soundly granulating and rapidly healing surface.

Dr. Gisler states, further, that in such cases of gangrenous faucial diphtheria as are not accompanied by an intense enlargement of the submaxillary lymphatic glands, he invariably obtains most satisfactory results from cauterizing the diseased region with chloride of zinc. He commences the treatment with carefully touching the area with the solid chloride; two hours later he paints the region with a 50 per cent. solution of the salt, and subsequently passes to an 8 per cent. one, repeating the application every two hours. After each *séance* the patient is given internally a solution of bicarbonate of soda ("to decompose the zinc salt, if swallowed"). If the nasal passages are simultaneously involved, he irrigates them with a solution of perchloride of iron in a saturated chlorine water and lets the patient gargle his throat with the same fluid. Of internal remedies he administers calomel "in drastic doses," in the beginning of the treatment, and subsequently gives salicylic acid every two hours (in 5-grain doses to a child under 2 years of age, and from 15 to 20 grains to older patients). The patient should be constantly kept in the room at 8° or 10° Reaumur (50°-54.5° Fahr.) [This would be thought a low temperature in this country, for a sick room.—Ed. REPORTER.]

Fish Poison.

The *Vierteljahrsschrift für Gerichtliche Medicin*, January, 1891, calls attention to a very important matter in connection with the use of fish as a food. It appears that an investigation of the result of eating fish preserved on ice for use in the London markets, has led to the discovery that those were most dangerous which were kept in immediate contact with the ice. Poisoning by fish which had not been in contact with ice was not observed at all. This is attributed to the influence of the water derived from the ice, and bearing whatever impurities it had had before being frozen, which promotes the formation of the animal alkaloids known as fish poison.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

GYNECOLOGICAL SUGGESTIONS.

With characteristic felicity of expression, Professor Goodell has chosen for the title of a recently published paper the expression "What I have Learned to Unlearn in Gynecology."

In this paper, while he confines himself to the discussion of misconceptions which pertain exclusively to maladies peculiar to women, he adopts a course, which, if followed out by others entitled to speak authoritatively, would prove of incalculable value to the profession.

The history of recent medicine records the uprooting of time-honored dogmas to an extent heretofore unexampled; and the experience of Dr. Goodell, which he so frankly relates, must have been that of all progressive men. If they would record, in short, concise papers, what they have found to be wholly unreliable, it would deter many

from undertaking what is not only of no value, but what unfortunately is too often positively injurious, and, in addition, it would act as an incentive to more careful investigation into the causes which underlie disease, and the adoption of better means for its relief.

The paper which suggests this article deserves thoughtful consideration for the sound views gathered from a wide and varied experience. The first subject considered is the disposition, prevalent both in the profession and among the laity, to regard the menopause as responsible for a large percentage of the maladies of matronhood, and, having accepted that view, to allow without investigation conditions which can be relieved only by early interference, to advance so far that, when recognized, the sufferer is beyond relief, either by reason of the fatal nature of the disease itself or the ravages which it has produced in the vital energies. Dr. Goodell very strongly insists that the climacteric should not be considered a cause for uterine disease, and suggests that unusual hemorrhages or other discharges occurring at this period in a woman's life should always be regarded as symptomatic of the existence of organic disease, calling for careful investigation and prompt treatment. He points out that cancer of the cervix, polypi or fungus vegetations of the endometrium are almost invariably responsible for these conditions, while the part played by the menopause in the disorders attendant on the climacteric is almost exclusively detected in the many nervous phenomena present at that time, or as a factor in the production of insanity.

The belief that the menstrual period is unsuited to surgical procedure he clearly shows to be a fallacy, pointing out that, where the curette is to be used for the removal of uterine vegetations, this time is the best, because they are then swollen by the afflux of blood and can be more readily removed. He says, "there is no surer way of checking a menorrhagia or of stopping a

metrorrhagia than by curetting the womb during the very flow." Indeed, where time is precious, the gravest operations not only may be, but, with few exceptions, should be performed. Further he says, "while I do not select this period for the removal of ovarian cysts or for other abdominal work, such as the extirpation of the ovaries, of a kidney, of breaking up intestinal adhesions, etc., yet I have not hesitated to perform these operations at such a time, and have never had reason to regret the course. The only operations that I should dislike to perform during menstruation would be those involving the womb itself—such as the removal of a uterine fibroid or a partial or a complete hysterectomy, and the various operations for uterine cancer, etc. . . . For obvious mechanical reasons it would also hardly be wise to sew up the torn cervix of a menstruating womb."

Dr. Goodell's suggestions in regard to the management of lying-in women, a subject of the greatest importance and one which confronts so many of us, is so practical that we cannot refrain from reproducing it in full. "In the lying-in chamber," he says, "the fear of septicæmia will ever haunt me, but I have long since abandoned the idea cherished by that class of waistless and witless nurses, now happily obsolescent, that the parturient woman is to be swathed like a mummy and kept as immovable. What earthly harm can accrue to a woman after a natural labor if she turns over from side to side, sits up in bed, or even gets up to use the commode, if she feels like it, I cannot see. Natural labor is a physiological process, not a pathological one, but tradition has thrown around the lying-in bed a glamour of mischievous sentiment.

"In relation to this, let me express my disbelief that mammary abscess comes from 'caked' breasts, or from breasts over-distended from a secretion too great for the infant's needs. Mammary abscess in the suckling woman comes, in my opinion, from cracked nipples, and from cracked nipples

alone. In proof of this let me ask my readers if any one of them has ever had a case of mastitis after a miscarriage, or one of gathered breast following a still-birth—always provided the breasts were let pretty much alone so far as pumping and sucking are concerned. Under these circumstances the unsucked and unpumped breast will swell up and grow painfully hard, but will not inflame or suppurate. Let me not be understood as saying that an over-distended breast should not be relieved by sucking or pumping; but the means employed for this relief must be so sparingly used, and at such long intervals, as not to crack the nipples. This immunity from mammary abscess after miscarriages and still-births is attributed by the physician to his local applications of belladonna, or other milk-drying drugs. But it comes from the absence of the exciting cause of cracked nipples—a sucking child."

We call attention to these suggestions of Dr. Goodell because they are eminently worthy of careful consideration by all who have women for their patients, and because they illustrate a spirit in the art of medicine which it is pleasant to applaud and to commend for imitation.

NATURE OF LUPUS.

Within the past few months, since the announcement by Dr. Koch of the discovery of a remedy for tuberculosis, English-speaking people have been made familiar with the name lupus. In reply to their inquiries as to what lupus is, it is not too much to say that the almost invariable answer has been, it is tuberculosis of the skin. The teaching of German and American dermatologists is practically unanimous on this point, and the treatment of lupus with Koch's remedy assumes it as a starting point. It is with much interest, therefore, that we have read the first of Mr. Jonathan Hutchinson's Post-Graduate Lectures on the "Nature of Lupus," in the *Lancet*, Jan. 17, 1891.

This author says that the sum of the evidence seems to him much in favor of the belief that lupus is a specialized form of chronic inflammation rather than the result of infection. He does not altogether, in his theory, exclude the influence of the parasite, but appears to think that conditions of local irritation favor the implantation of the bacillus, as ploughing and manuring of a field prepare it for the sowing of seed. He declares, what every one knows to be true, that it is extremely difficult in many cases to diagnose lupus from scrofulous ulcers and ulcerating chilblains. But whenever a chronic inflammation of skin or mucous membrane, not due to syphilis, shows a persisting tendency to spread at its edges, to produce satellites near it, and to leave a condition of scar behind it, such a process Mr. Hutchinson regards as lupus. Another condition, which he believes to be diagnostic of lupus, is the presence beneath a thinned layer of epidermis of a deposit or growth of a semi-translucent ("apple-jelly") granulation material, often in considerable thickness.

As to the classification of lupus, Mr. Hutchinson questions whether clinical evidence can be held to prove the alliance of lupus with tuberculosis, rather than with cancer. As an argument against the bacillary nature of the disease, he remarks: "I doubt much if many observers could collect from their own observations as many as four cases of lupus in which the patients has subsequently succumbed to any form of internal tuberculosis." The *Lancet*, however, reminds him editorially that Besnier has observed phthisis in association with lupus eight times in thirty-eight cases of lupus, that is, in over twenty per cent. of the cases.

Lupus is so rare in this country that we must look to the pathologists of Europe to settle the question of its nature. Taking the skin dispensaries in connection with the hospitals of Philadelphia, we doubt if they average one case of lupus vulgaris a year.

Mr. Hutchinson's communication is remarkable as showing that a man of great experience and close observation is far from believing that lupus is tuberculosis, in spite of the fact that scarcely any other voice is heard against that view. If Koch's remedy were to prove of unfailing accuracy in the detection of lupus, it would be a valuable agent; but it has not attained this position yet, so that we must look to older means of diagnosis for help.

In order to estimate fairly Mr. Hutchinson's paper, it should be borne in mind that he does not accept all the pathological views which now prevail; and, on the other hand, that tubercle bacilli, which are generally accepted as an evidence of the existence of tubercular tissue, do not seem to be found in the very early stages of lupus.

HOMŒOPATHS AND THE MEDICAL EXAMINERS' BILL.

In order that the readers of the *MEDICAL AND SURGICAL REPORTER* may understand into what a fever of excitement the homœopaths in Pennsylvania have been thrown by the proposition to have their graduates examined by some body besides their own College Faculty, we reproduce in another part of this number of the *REPORTER* an editorial from the *Hahnemannian Monthly*.

We take it for granted the readers of the *REPORTER* and the community will appreciate the significance of the fear which seems to fill the homœopathic (college?) breast when there is any chance that the State may take into its own hands the determination of fitness for practicing medicine, as contrasted with the composure with which the Regular School consents to undergo—without making any conditions—any test of merit which the wisdom and honesty of our law-givers may appoint.

This singular contrast receives a curious side-light in view of a letter published in the *REPORTER* August 24, 1889, to which so far we have seen no answer. This letter is re-

printed in the present issue, so that it may be considered in connection with the opposition to a Medical Examiners' bill which would make it impossible for a graduate of the Eastern Penitentiary to get a medical education, a diploma, and endorsement by the Hahnemann Medical College, and the legal right to practice medicine, in the short space of eight months!

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the *REDACTOR*.]

ILLUSTRATED ENCYCLOPÆDIC DICTIONARY. BY FRANK P. FOSTER, M. D. Volume II. 4to, Cae.—Fassay, pp. 753-1544. New York: D. Appleton & Co., 1890.

This is the second volume of the Dictionary of Medicine edited by Dr. Frank P. Foster, of which we noticed the first volume October 6, 1888. The second volume is fully up to the standard of the first in completeness and reliability. For a medical dictionary there is some inequality of space to different subjects. For example, the word "corolla" occupies more than one page of space, and is illustrated with great completeness, while the word "douche" occupies as much space, and is illustrated with a variety of cuts which look as if they had been borrowed from the instrument makers. The principal advantage of the book, so far as we can judge, is the fact that it contains a very large number of words, and is that much superior to most medical dictionaries. It must have demanded an enormous expenditure of labor for Dr. Foster to carry on the work of getting out a volume like this in addition to his work as Editor of the *New York Medical Journal*, and we congratulate him upon the high degree of excellence to which he has brought it.

CHARLES LETTS & CO'S A B C MEDICAL DIARY AND VISITING LIST. London: Burroughs, Welcome & Co., 1891.

We have received a copy of this English book, which corresponds with our American Visiting Lists. Nearly one-half of its thickness is made up of reading matter of interest and value, while the tabular parts are very well ruled and conveniently arranged. The whole is well made, as a book, and neatly bound, though we miss the cover flap which is put upon all similar books in this country.

LITERARY NOTES.

—The *Dietetic Gazette*, with the number for January, 1891, passed into the editorial management of Dr. Simon Baruch, of New York. Notwithstanding the principles announced in his salutatory, the Department of "Annotations" (presumably editorial) contains no less than thirteen reading notices.

NOTES AND COMMENTS.

Endorsing Diplomas in Pennsylvania.

In the *MEDICAL AND SURGICAL REPORTER*, August 24, 1889, was published a letter from one of our subscribers who said: In your issue of August 3, there appears a communication from "Jno. E. James, M. D., Registrar of Hahnemann Med. College of Philadelphia," in which he takes you to task for not basing an Editorial in the *REPORTER*, July 13, 1889, upon facts nearer home than England. Now I wish to relate some facts, and would like to have made manifest the consistency between them and the declarations in the article referred to above.

On the 22d day of April, 1884, Hiram T. Kinsman registered in the Prothonotary's office in Bradford Co., Pa., as a practitioner of medicine, claiming that he had been in continuous practice in this county since 1871—"Degrees, 'None'"—enumerating five different places in the county where he had been in practice during that time. Subsequent events, however, showed that there was one place more of alleged practice (not in the county) that he did not have recorded on the Register.

The said Kinsman was charged with illegal registration. During the trial it was in evidence, and admitted by defendant, that for four years of the time of his alleged practice in Bradford Co. he was an inmate of the Eastern Penitentiary. His crime was criminal abortion. It is said that the woman died of hemorrhage, which he did not know how to control. Kinsman claimed that he practiced while in prison, by sending prescriptions to persons in this county. Suffice it to say that the jury disagreed; but before the second trial, Kinsman agreed to have his name stricken off the Register, and this was done by order of the court on September 6, 1886. Kinsman was absent a few months from home (at least it was so reported), and on May 9, 1887, registered again—this time as a graduate of "Bennett Eclectic Medical College," "endorsed by Hahnemann Medical College of Philadelphia, and Eclectic Medical College of City of New York."

Here is an ignorant migrating "doctor," convicted of a penal offense, and of false registration, who, after not more than a few months of medical study, is registered as endorsed by the college that "Jno. E. James,

M. D.," says sits on such a high and lofty elevation and requires a high standard of medical knowledge! I would say, with Jno. E. James, M. D., "Please note . . . the whole of numbers 4 and 5." Yes, sir, we have noted them, and desire to ask what kind of *professional and moral standing* the person in question has, and what was the character and quality of his *examination* by the faculty of the Hahnemann Med. College?

Reading these rules in the light of these facts they appear very much like first-of-January resolutions. I think these rules need bracing up in the year 1889, without waiting until 1890 and 1891, judging by the case cited.

The Homœopaths and the Medical Examiners' Bill.

Under the amusing title, "The Proposed Allopathic Bill to Establish in Pennsylvania a State Board of Medical Examiners," the *Hahnemannian Monthly*, in its February issue, publishes the following editorial.

This act provides for the appointment, by the governor, of a board of examiners consisting of nine members, three of whom shall serve for one year, three for two years, and three for three years, in the first instance, and thereafter annually the governor shall appoint three members to serve for three years. The members of the board shall be graduates of a legally chartered college or university having power to confer degrees in medicine. They must also be citizens of the United States and of Pennsylvania, and shall have been in active practice for a period not less than ten years. Not more than one shall be appointed from the same county, and none shall be a member of the faculty or staff of any medical school or university. The applicants shall be examined in anatomy, physiology, chemistry, toxicology, pathology, hygiene, materia medica and therapeutics, principles of medicine, surgery and obstetrics. Any candidate for examination may choose the system of materia medica and therapeutics in which he or she shall be examined, and no one shall be rejected on account of adherence to any school of practice. The board shall hold two meetings in each year—one at Philadelphia and one at Pittsburgh. The *Pittsburgh Medical Review*, in commenting upon this bill, the birth of the com-

mittee of the presidents of the various allopathic county medical societies, says: "The proposed bill is, of necessity, not such an one as the regular members of the medical profession would desire, and what strict adherence to all that is best, from a *humanitarian* standpoint, would demand, for, in that case, it would confine the appointing power of the governor to the ranks of the *regular scientific practitioners*," . . . etc. "It would seem only just, however, that the representation on the examining board should be governed by the percentage that the members of the sectarian schools bear to each other." The members of the homœopathic school know very well that this bill is "not such an one" as the trades-union spirit of the self-styled "*regular scientific practitioners*" demand. Of course, its apparently liberal provisions are framed through dire necessity. Of course, the membership of the board would have been composed *exclusively* from their own selfish sect, if they had entertained a grain of hope that it could have been forced through the legislature in that shape. Of this no one entertains the slightest doubt. Liberal as these provisions may appear through allopathic spectacles, they will not do. Homœopaths have not forgotten how the members of the allopathic committee betrayed the trust reposed in them in 1889; consequently, the members of the homœopathic profession have no confidence in the honesty of purpose of the allopaths. We object to this bill, principally because it does not definitely fix the composition of the board. We must have an equal representation. The editors of the *Review* are in error when they think "that it is only just that the representation on the examining board should be governed by the percentage of members of the different schools of medicine." This question is not one of relative members of the various schools; the proposed bill will not affect any physician now in practice. It is designed to examine into the fitness to practice of future applicants. Each school should have the right of absolute control over the members of its own faith. The schools of medicine stand before the State as units, and as such should have equal representation. The homœopathic school will have nothing less. The allopathic physicians who framed this bill are indulging in a bluff; they are hugging the fond hope that they will receive the majority of the appointments, and this risk we will not take. How can we take it, in the

face of their open boast, that once they can obtain an exclusive examining board they will stamp out of existence their hated rivals?

It is the height of folly to place the power of licensing of homœopathic physicians in the hands of a school that libels us by charging us with ignorance; and then openly proclaims that it will not aid us to knowledge. This is shown by the recent act of the New York Polyclinic in refusing to accept homœopathic physicians as students, and the University of Vermont in refusing to acknowledge a homœopathic diploma as evidence of attendance on medical lectures. We do not need the aid of either of the above-mentioned institutions; but we mention these facts in order to show the animus with which our enemies are actuated.

Lupus—or Tuberculosis of the Skin.

In a recent lecture, published in the *Medical Press*, January 28, 1891, Mr. Jonathan Hutchinson discusses the question: Whether or not lupus vulgaris is a form of tuberculosis, and how far clinical evidence supports the hypothesis that lupus vulgaris is of bacillary origin?

In reference to this he says: Lupus vulgaris is not a disease which attacks infants or young children. In exceptional cases it may occur even to the youngest, but commonly it waits until childhood is well advanced, or even until the period of puberty is passed. It is said by some never to begin in old age, but this is a mistake. We often see it begin at or after middle life, and in a few instances its subjects are advanced in years. When the latter is the case, it displays somewhat peculiar features, and may probably be ranked with that group of maladies to which Sir James Paget has given the name "senile scrofula." Although in many cases it is multiple in its manifestations in the skin, several, or perhaps very many, patches being produced, there is, with the fewest possible exceptions, no tendency to infect other parts. The lymphatic glands do not suffer, nor do the lungs, the bones, the joints, or the intestines ever become affected. Nothing is less common than to see a lupus patient pass into phthisis. Thus we may believe that the infective material, be it what it may, is one which finds a suitable home only in cutaneous or mucous structures. If it be a bacillus, it is a selective

one, and it keeps to the tissue in which it had its first development.

The most typical forms of common lupus are often coincident with good health on the part of the patient, and the absence of any family history of tendency to tuberculosis. Of course, there are many exceptions to these statements, but all observers agree that they express the general truth. If, indeed, it were asked whether the clinical evidence more favored the belief of the alliance of lupus with tuberculosis or with cancer, I am inclined to think that the reply would have to express hesitation. Tuberculosis and the cancerous process have hitherto been held to observe towards each other something of a position of antagonism. Those who are liable to the one are not prone to the other, and the two are but very rarely found together. Almost all who have written on lupus have, however, been struck by the fact that parts affected by it not very infrequently take on cancerous growth. The evidence on this point has recently been collected by Bayha, of Tübingen, who from his own experience has collected no fewer than four cases. I doubt much if many observers could collect from their own observations as many as four cases of lupus in which the patients had subsequently succumbed to any form of internal tuberculosis.

In making these remarks I am far from wishing to ignore either the general impressions or the collected facts which favor the belief that there is some bond of connection between tubercular affections and lupus. What I contend for is that it is far less close than is generally believed. The impressions which most of us have, I expect, formed on this subject go far ahead of any proof of a statistical kind which we could supply. If I may be permitted to anticipate a little what I shall have to say in my next lecture, I may here mention the unexpected fact that statistical results are different in respect to lupus erythematosus. In this latter no observer has, I believe, succeeded in detecting the bacillus, yet it is far more frequently in close association with tuberculous conditions than is lupus vulgaris. Some light may perhaps be obtained for the elucidation of this difficult question by observation of the very earliest stages of lupus. We are so accustomed to see this chronic malady after it has been long existent, and when its peculiarities are well declared, that very little has been done in the attempt to describe, still

less to depict, its initial conditions. I much suspect that if we knew them we should have to acknowledge that they are often such as cannot be recognized as lupus at all. The disease may, and often does, originate in a condition of chronic or recurrent congestion and swelling not in the first instance to be distinguished from a chilblain. Or it may start from what looked like tuberculous acne at the end of the nose, or from patches in the middle of the cheek, which had been often congested in the act of blushing or in the flush which attends indigestion. Slight injuries, insect stings, bruises, burns, etc., may become its starting point. In almost all cases something not distinguishable from a chronic papular inflammation is, I believe, the earliest local condition which is observed. The apple jelly may form before the disease is far advanced, but it is never present at the very first. Nor do we ever see anything in the least resembling a tuberculous ulcer. The early stage is in many cases insidious and prolonged, but it is not so in all. In some a tendency to rather rapid infective spreading is early manifested, and while it is so the conditions produced resemble rather those of common inflammation than anything which could be recognized as specifically lupus.

In concluding, Mr. Hutchinson says: I have here endeavored to bring in review the principal facts which, from the clinical standpoint, appear likely to help us to answer the question whether lupus vulgaris should be regarded as tuberculosis of the skin. We have seen that there is no evidence that it ever begins from the implantation of tuberculous matter, that it is only exceptionally associated with tubercle in the viscera, and that it never causes infective gland disease. We have also seen that there are other affections of the skin which do not resemble it, which are much more closely associated with tubercle and with scrofula. We have seen also that its remarkable preference for certain regions and parts seems to imply that the influence of cold is by far the most common of its exciting causes. I may own that the sum of the evidence seems to me much in favor of the belief that lupus is a specialized form of chronic inflammation rather than the result of infection. In suggesting this I am well aware that it is merely a negative conclusion which is liable to be overthrown at any time by the accumulation of positive evidence. It may be that in the future the presence of bacilli in lupus-products may be demon-

strated in earlier stages, and much more constantly than has yet been the case. The results of Koch's injection treatment may possibly force us to believe that there is something about lupus which connects it far more closely with tuberculosis than I have admitted. I prefer for the present to say nothing about the results of the treatment already obtained.

Association of American Anatomists.

The third annual meeting was held Dec. 29 and 30, 1890, in the anatomical lecture-room of the Harvard Medical School, Boston, Mass. It was presided over by Dr. F. D. Weisse, Second Vice-President, and Dr. Thomas Dwight acted as Secretary *pro tem*. Papers were read as follows: *Corrosion Preparations*, by Dr. S. J. Mixer; *Studies on the Spine*, by Dr. Dwight; *A Comparison of the Fibrin Filaments of Blood-lymph in Mammalia and Amphibia*, by Prof. S. H. Gage; *The Semi-lunar Bone*, by Prof. Shepherd; *The Structure of Protoplasm and Mitosis*, by Dr. Carl Heitzmann; *The Homology of the Cerebro-spinal Arachnoid with the other Serous Membranes*, by Prof. F. W. Langdon; *The Occlusion of the Rhinocoele (Olfactory Ventricle) in the Dog*, by Mr. P. A. Fish and by Prof. B. G. Wilder; *The Relations of the Olfactory to the Cerebral Portion of the Brain*; *The Brains of a Cat and of a Sheep lacking the Callosum*; *Owen's Nomenclature of the Brain, with suggestions based thereon*.

With one exception the papers were illustrated by specimens, photographs or diagrams, and all were fully discussed.

The Committee on Anatomical Nomenclature (Professors Leidy, Harrison Allen, Frank Baker, Thomas Dwight, T. B. Stowell and B. G. Wilder) was authorized to publish, as its second report, "such general and specific recommendations as may be unanimously agreed upon by them."

The following were elected members: Dr. W. L. Dana, of Portland, Me.; Dr. John C. Munro, of Boston, Mass.; Mr. Pierre A. Fish, of Ithaca, N. Y.

The next meeting will be held at Washington, D. C., September, 1891, at or about the time of meeting of the Congress of American Physicians and Surgeons. The officers for that meeting are as follows: President, Joseph Leidy; Vice-Presidents, Frank Baker, F. D. Weisse; Secretary and

Treasurer, D. S. Lamb; Executive Committee, Harrison Allen, Thomas Dwight and B. G. Wilder.

Dangerous Lunatic.

The commission appointed to investigate the mental condition of James M. Dougherty, the escaped lunatic who returned and killed Dr. George F. Lloyd at the Flatbush Insane Asylum last autumn, and who was tried and convicted of murder in the second degree in Brooklyn, has just reported.

The commission finds that Dougherty is suffering from monomania, and the malady is marked by hallucinations in the different senses and by delusions or false beliefs; delusions of commingled persecution and expansiveness, the patient imagining he has enemies who conspire against him, or that he is a man of unusual talent, beauty or importance. These delusions are always of great seeming logicity, and as the memory and reasoning powers are not affected, while the usual manner and behavior are altered, the patient seems sane enough to those who suppose that every lunatic is violent, confused or incoherent.

The commission finds that Dougherty comprehends the nature and purport of his trial and was capable of defending himself. The prisoner presents a case of great medico-legal importance. Dougherty's delusions caused him to believe that he was the object of a conspiracy, and a man of such surpassing personal beauty as to have been regarded, at one time, the handsomest man in the world, and his hallucinations that he saw Mary Anderson in various places where the evidence showed she had not been, led him to the formation of a murderous plan, inaugurated by the murder of Dr. Lloyd, which he acknowledges was wrong in a legal sense, and which was to have been continued by killing many others. He firmly believed that his commitment into the asylum was a great wrong, for which there was no legal redress, and determined to call public attention to it by violent measures notwithstanding that he expected to be shot in the attempt or killed by electricity afterwards.

These hallucinations in nowise interfered with his understanding the motive and purport of his trial, or prevented him from defending himself. He thoroughly understood the legal meaning of his trial; knew his rights far better than the average citizen;

knew the legal punishment for his deed; deliberated as to whether he would prefer death or imprisonment for life or commitment to a lunatic asylum, and in all respects comprehended the trial with as keen intelligence as though he had been perfectly sane.

The commission and commissioners have been unable to perceive that his delusions and hallucinations marred in the slightest degree an unusually intelligent understanding of the trial, although it is not within its province to offer an opinion on his comprehension of his act in killing Dr. Lloyd. He is as dangerous a lunatic as it has ever been the lot of the committee to encounter.

Dougherty will be sent to an insane asylum for insane criminals.

Medical Legislation in Arkansas.

The *Journal of the State Medical Society of Arkansas*, January, 1891, says, editorially, that it is taken for granted that when the present act to regulate the practice of medicine and surgery in this State was passed by a former Legislature, and became a law, it was intended and expected that it would effectually accomplish the purposes for which it was put upon the statute books. It is also believed that if, through certain palpable defects the law is ineffectual and fails in its purposes, the present General Assembly will be fair and just enough to remedy its defects by amendment of the present, or the enactment of a new law, *provided* it can be demonstrated to the satisfaction of the members of the Legislature that the present one is fatally imperfect.

It then quotes from an earlier editorial, saying: "The iniquities of the medical practice act in this State have been so often discussed, and are so well understood that it may be deemed almost superfluous to say anything further on the subject; but what is here written is suggested with the idea that it may be well at this time to formulate into more definite shape its defects, that they may be the more successfully urged in favor of amendment of the present, or the enactment of a new law." First. The qualifications and mode of selecting the members of the county boards of examiners are objectionable on the ground that in the first place the appointing power is vested in men who, as a rule, are wholly incompetent to pass on the qualifications that ought to be possessed by professional gentlemen designated as

'learned in the sciences of medicine and surgery, of good moral character,' etc. Second. No definite standard of qualification is prescribed, such as that members of the boards shall be graduates of reputable schools or members of some medical organization, admission to which carries with it the proof that the antecedents of its members and their professional and moral standing have been investigated. Third. While the spirit of the law indicates that applicants rejected by one county board shall not be licensed by another than the State Board, the Attorney-General gave it as his opinion that the letter of the law did not prohibit rejected applicants from going from county to county until a board might be found that would grant them license. It is too well known that men most ignorant and wholly incompetent have been rejected by several competent boards, but still went from county to county until a board was found the members of which, being on a level with the applicants, have licensed them and they are to-day plying their vocation at the expense and to the detriment of innocent parties who are not competent to judge of the proper attainments that ought to be possessed by persons pretending to practice medicine and surgery.

"To cure these defects in the law, it is suggested, *First*, to have one State Board of Health, which shall have exclusive power to grant license. *Second*, to have a board in each congressional district and a State Board of Appeals. *Third*, to amend the present law so as to require the members of county Boards to be graduates of medicine in good standing and to prevent a rejected applicant from applying for license to any other board in the State than the State Board. The idea adopted at the last meeting of the State Medical Society was the one recommended by the Committee on Medical Legislation, viz.: 'The appointment of one board known as a State Board, and the repeal of all existing laws on the same subject.' This is undoubtedly the simplest and best, but whether it could be accomplished against the opposition of members of the existing county boards, is questionable. At any rate the Committee of the State Society on Medical Legislation ought to commence to ask for the very best, and then if that cannot be obtained, substitute the next best, and so on until one of the proposed remedies shall be accepted by the Legislature and a law enacted accordingly."

Dirtiest City in the World.

Harper's Weekly says that the citizens of New York are not bashful nor backward in celebrating the greatness of the city, and in claiming for it a metropolitan primacy. They naturally believe that it is the centre and head of America, and cannot but suspect that foreigners from the effete despotisms must greatly exult when at last, after ages of oppression and suffering, they arrive in the bay dominated by Liberty Enlightening the World, step ashore at the Battery, and tread the Broadway of what must seem to them a kind of New Jerusalem.

It will not deny also that some foreign places have a certain historic and romantic, literary and artistic, interest, for which New York, busy with more important affairs, has not yet had time. But it will attend to them presently and outdo the world. Such is the cheerful complacency of this good city. Yet it is droll and undeniable that with all its grandeur and kindly condescension to other famous towns it cannot keep itself clean. Greece and Rome and Germany and France and England may strive in vain to overcome it in renown, but garbage and refuse and litter and dirt of every kind and degree utterly subdue it. It may spend millions and millions of dollars for what it calls its government, and savagely resent legislative interference, and maintain thousands of stipendiaries of every grade, and denounce Dirt in public meetings, and thunder at it in a free and forcible press, and swear at it in clubs, and scold at it in private parlors, but Dirt remains triumphant, and, proud of its supremacy, compels New York to be known as the dirtiest city in the world.

How the Homœopaths Look at it.

Many readers of the REPORTER will doubtless be interested to see the following extract from the *Hahnemannian Monthly* (*News and Advertiser*), February, 1891, which just now is making common cause with the Eclectics against a Medical Examiners' Bill in Pennsylvania and breathing out "threatenings and slaughter" against what it calls the "allopaths." The question, Why are we Homœopaths? this journal says was answered by Dr. Wells Lefevr (*sic*) in a paper, read before the Southern Homœopathic Medical Association. He presented the following conclusions:

Because Homœopathy has the only known law for the prescription of medicine. Its death-rate is the lowest, as is shown in the following comparative statistics of Homœopathic and Allopathic treatments, covering a period of five years. (Compiled by Dr. Jos. Buchner.)

Homœopathic Death-rate, per 100 cases treated: Erysipelas, 0.8; diarrhoea, 0.9; fevers, 1.2; typhus, 13.3; pleurisy, 1.3; inflam. of bowels, 6.1; typhoid fever, 8.8; scarlet fever, 2.9; dysentery, 7.1; heart affections, 15.5; apoplexy, 28.5; consumption, 38.6; yellow fever, 6.6; pneumonia, 5.2; duration of illness, 11.75 days.

Allopathic Death-rate, per 100 cases treated: Erysipelas, 23.0; diarrhoea, 21.2; fevers, 5.3; typhus, 16.0; pleurisy, 15.6; inflam. of bowels, 41.0; typhoid fever, 14.9; scarlet fever, 20.75; dysentery, 26.8; heart affections, 51.7; apoplexy, 48.3; consumption, 48.5; yellow fever, 23.5; pneumonia, 20.4; duration of illness, 28.9 days.

Homœopathy is chiefly employed among the well informed and cultured people. Homœopaths can procure lower rates of insurance, on account of the lower rate of mortality among them.

Our best records have been made in the South. There is employment for one thousand more homœopathic physicians in the South alone.

It was first introduced in America by Dr. Gram sixty-five years ago. Despite prejudice and calumny, it has grown until there are almost 20,000 homœopathic physicians in the United States to-day.

Our fifteen colleges cannot supply the demand, "Send us a Homœopathic physician."

Koch's Treatment Condemned.

At a meeting of the Belgian Academy of Medicine on December 27, M. Crocq (*Semaine Médicale*, December 31, 1890) denied "absolutely" that Koch's fluid is of any value in the diagnosis of tubercle. He had made injections in a patient suffering from phthisis, and in another the subject of acute pleurisy, "without a trace of tuberculous character;" in both, intense reaction took place. In other cases of "manifest" tuberculosis the injections were followed by no reaction, while in other cases patients suffering from non-tuberculous affections reacted strongly. With regard to its alleged curative action, M. Crocq has seen nothing of it; in

his experience the remedy has done nothing but aggravate the evil. The lymph is, according to him, simply a pyrogenic agent, and he "denies utterly" that it has any specific effect on tubercle. "It produces a febrile movement, of variable duration, which causes an effervescence of the organism, various congestions in the skin and internal organs which have no relation to any tuberculous lesion; this congestion is more easily set up in diseased organs which have previously been attacked by an inflammatory lesion of any kind, and form the *pars minoris resistentiæ* of every organism. If the patient is attacked by cutaneous or pulmonary tuberculosis, the inflammatory process will take place in the affected organs, skin or lungs." This pyrogenic action may be useful in certain cases in which "substitutive inflammation" (such as is seen, for example, in the effects of nitrate of silver on a chronic ulcer) is beneficial. This, according to M. Crocq, is the whole secret of the action of Koch's remedy. If the "substitutive inflammation" may possibly have a favorable effect in some cases, it may do harm in others, a new inflammation being added to the pre-existing one, with fatal results if the affected organ is the larynx or the lung. In short, M. Crocq says, Koch's statements as to the diagnostic and curative value of his remedy resolve themselves into simple gratuitous affirmations, unsupported by any proof.—*British Medical Journal* (Supplement), January 10, 1891.

Shaving with Vaseline.

As nurses often are called upon to provide shaving materials we recommend the following: "A friend of mine a few months ago told me how to shave easily and painlessly, and I have never shaved in a barber's shop since. The plan is to use oil or grease instead of soap to prepare the chin and soften the beard. Vaseline is the most convenient, and it should be rubbed in quite freely. Then with a keen razor shaving can be done quickly and without the suspicion of pain. At first I couldn't reconcile myself to doing without the orthodox lather, and used soap after the vaseline had been applied. But the soap is really unnecessary, and shaving with oil or vaseline is cleaner as well as pleasanter, and what is more to the point there is no irritation whatever to the skin."—*Druggists' Circular*.

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MEDICAL AND SURGICAL
REPORTER

SUPPLEMENT TO THE MEDICAL AND SURGICAL REPORTER, FEBRUARY 28, 1891.

Suggestions for the Treatment of Tuberculosis.

After the sheets for the REPORTER of February 28 were printed, the following communication was received from Prof. Samuel G. Dixon.

TO THE EDITOR—*Sir*:—As I have never felt sufficient confidence against the toxic effect produced by subcutaneous injections of de-vitalized tubercle bacilli upon the animal economy suffering with tuberculosis, to risk its use in man, I have been using, for some time past, as stated in former communications, a long line of other agents, and I believe that it is only right and proper for me to again call attention of all workers in bacteriological investigation to what I have before strongly hinted at, when alluding to the effects of food, light, temperature, etc., upon the growth of the tubercle bacillus on an artificial culture pabulum.

Glycerine is one of the substances that I have employed in excess since 1889, as specially mentioned in previous articles, and with a marked effect on the growth of the tubercle bacillus.

After satisfying myself that I had pretty clearly established the effect of an excess of glycerine in the nutritive Agar-agar glycerine medium upon the growth of the organisms, I went on to introduce large doses subcutaneously into the animal economy, where a tuberculous process was going on.

In the few cases thus treated, there has, to all appearances, been produced a marked change in the tuberculous process in the animals. Therefore, to facilitate matters, I hasten to place before my colleagues the suggestion indicated above, and I should be very glad if they would themselves try its action in the animal economy, and report their observations.

Yours truly,

SAMUEL G. DIXON, M. D.

Bacteriological Laboratory, Academy of Natural Science, Philadelphia.

Liebreich's Remedy for Tuberculosis.

The cable brings news, dated February 25, that Prof. Liebreich had, on that day, described a new method of treating tuberculosis at a meeting of the Berlin Medical Society. The substance used is cantharidate of potash, which is administered in solution by systematic injections under the skin. Clinical experiments made by Drs. Fraenkel and Hermann seem to prove that the substance is remedial in tuberculosis and other diseases. Prof. Liebreich says that he is still carrying on his investigations, and that the announcement of his discovery was made prematurely, under pressure from Minister von Gossler, who is giving the matter much attention.